

Certification for Withdrawing Child/Children from the Program Or Current Qualifying Child Care Provider

			withdrawing the following	
	Printed name of Qualifying Army Sponsor			
child/ch	nildren from the program or current qualifying o	child care provider:		
1)	Child's Full Name	Date of Birth (DOB)	Final day of care	
	I plan to or have officially withdrawn the above named child from the program and will not require Army Fee Assistance at any time within 90 days from the final day of care listed above thereby authorizing the GSA Subsidy Administration Section to officially remove me from the program.			
	I am withdrawing my child from	·	and will be	
	Using a different qualifying child care provider for which I will be submitting to the GSA the documents/information referenced below.			
2)	Child's Full Name	Date of Birth (DOB)	Final day of care	
	I plan to or have officially withdrawn the above named child from the program and will not require Army Fee Assistance at any time within 90 days from the final day of care listed above thereby authorizing the GSA Subsidy Administration Section to officially remove me from the program.			
	I am withdrawing my child from	<u> </u>	and will be	
	Using a different qualifying child care provider for which I will be submitting to the GSA the documents/information referenced below.			
3)	Obiletta Full Name	Data of Divide (DOD)	Final day of some	
	Child's Full Name Date of Birth (DOB) Final day of care I plan to or have officially withdrawn the above named child from the program and will not require Army Fee Assistance at any time within 90 days from the final day of care listed above thereby authorizing the GSA Subsidy Administration Section to officially remove me from the program.			
	I am withdrawing my child from		and will be	
	Current child care provider using a different qualifying child care provider for which I will be submitting to the GSA the documents/information referenced below.			
the follo	stand that if I am planning to use a new qualify owing documents to the GSA Subsidy Adminis ny Fee Assistance Program:			
	Ø Parent Application GSA Form 2014-01aØ Provider Application GSA Form 2014-02		-03	
	lated Provider License, Letter of Accreditation Certification may be required in addition to th			
	Signature of Qualifying Army Sponsor / Last 4 of		 Date	









